



## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on August 23, 2005.

Anne Antonoff  
Anne Antonoff

In Re Application of:

McLampy

Serial No.: 09/844,204

Filed: April 27, 2001

Confirmation No.: 1439

Group Art Unit: 2666

Examiner: TON, Dang. T.

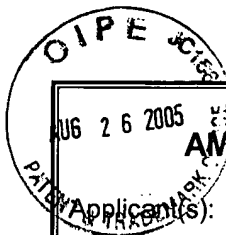
Docket No.: 050115-1010

**For: SYSTEM AND METHOD FOR ASSISTING IN CONTROLLING REAL-TIME  
TRANSPORT PROTOCOL FLOW THROUGH MULTIPLE NETWORKS**

The following is a list of documents enclosed:

Return Postcard;  
Amendment Transmittal  
Terminal Disclaimers(2)  
Check in the amount of \$260.00 for Terminal Disclaimers  
Amendment and Response to Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



1FW 2666 ✓

**AMENDMENT TRANSMITTAL LETTER (SMALL)**

Docket No.

**50115-1010**

Applicant(s): **MeLampy**

Serial No.  
**09/844,204**

Filing Date  
**April 27, 2001**

Examiner  
**TON, Dang T.**

Confirmation No.  
**1439**

Group Art Unit  
**2666**

Inventors: **System and Method for Assisting in Controlling Real-Time Transport Protocol Flow Through Multiple Networks**

**Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450**

Transmitted herewith is Amendment and Response to Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	62 -	62 =	0	X \$25.00	\$0
INDEP. CLAIMS	3 -	3 =	0	X \$100.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$180.00
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$60.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$225.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$510.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$795.00	\$0
Other Fees: Terminal Disclaimers (2)					\$260.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$260.00</b>

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this page is enclosed.
- ☒ A check in the amount of \$260.00 to cover the filing fee of the RCE & Supplemental IDS are enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$\_\_\_\_\_.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Karen G. Hazzah  
**Karen G. Hazzah, Reg. No. 48,472**

Aug. 22, 2005  
Date